



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Ogawa		Bob		(808) 521-4265
MAILING ADDRESS (Street)				FAX
1188 Bishop Street, Suite 3105				
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
① DCF Group, and (there are two)				DCF -
② AEQUUS				AEQUUS - (360) 352-3100
MAILING ADDRESS (Street)				FAX
① DCF Group: 1828 L Street, NW, Suite 400				
② AEQUUS: P.O. Box 1379				
(City)		(State)	(Zip Code)	
DCI Washington, DC			20036	
③ AEQUUS: Olympia, WA			98507	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
K-12, Inc.			(703) 970-8135
MAILING ADDRESS (Street)			FAX
8000 Westpark Drive, Suite 500			
(City)		(State)	(Zip Code)
McLean		VA	22102
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Bob Ogawa			(808) 521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3105			
(City)		(State)	(Zip Code)
Honolulu		HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Robert J. Byrne
(Signature of Lobbyist)

3-28-06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Bryan Flood		Vice President, Public Relations & Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
K-12, Inc.		(703) 970-8135	
MAILING ADDRESS (Street)		FAX	
8000 Westpark Drive, Suite 500			
(City)	(State)	(Zip Code)	
McLean	VA	22102	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>Ray W. J.</i>		3/9/06	
(Signature of Authorizing Officer or Person Represented)		(Date)	